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AUTHOR Kelly, Eugene W., Jr.; Shilo, Amy Muchnik
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ABSTRACT

Previous research has reported that a pervasive individualism undermines social commitment in American life. This research also found evidence of a counseling attitude which reinforces individualism contrary to social commitment. This study examined counseling and individualism from three perspectives: the philosophical foundations of counseling, the ethical orientation of counseling, and the goals of counseling. The study consisted of two separate research projects. The first line of research, an examination of the goals of counseling as presented in major psychotherapeutic theories, indicated that self-determined self-fulfillment of the individual was perhaps the prominent value in counseling, although interpersonal and social responsibility were also clearly and strongly affirmed in counseling. The second line of research asked how clients would react in actuality to the social commitment as compared to the individualistic orientation; for this study, a roleplay of a marriage problem with children was created with separate outlines for individualist and social commitment counseling approached to the problem. Four student counselors were trained in the two approaches and both approaches were offered to 26 actor-clients. Counselors' behaviors and characteristics were evaluated by the actor-clients. As between the social commitment treatment and the individualistic treatment, the results indicated that subject-clients' perceptions of counselors' characteristics and behaviors were not significantly different. A reasonable inference from these empirical findings is that clients do not perceive counselors using a social commitment emphasis as having behaviors and characteristics contrary to their individual welfare. (ABL)

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# Social Commitment and Individualism in Counseling: Theory, Research, and Practice

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Eugene W. Kelly, Jr., Ph.D.
Professor of Counseling and Human Services
George Washington University
Washington, DC 20052

Amy Muchnik Shilo, M.A.
Doctoral Research Assistant
Doctoral Program in Counseling
George Washington University

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(Kelly presenting) The purpose of this presentation is to summarize (a) the findings of our current study and research on individualism and social commitment in counseling and (b) our plans for future research in this area. In making this presentation we will attempt to shed light on two major questions: (1) To what extent does individualism influence counseling in theory and practice?
(2) How does an individualistic orientation in counseling affect social commitment in counselors and clients? In addressing these questions, we will outline two research projects, our conclusions and recommendations, and describe a project planned for the near future. At the end of our presentation, we hope to leave about five to ten minutes for questions and discussion.

## Background

My own interest in social issues and social commitment goes back many years. I do not claim that my actions have always or adequately matched my interest in social commitment; nevertheless, social commitment, both practically and conceptually, has occupied by thinking and work for a long time.

About two years ago, during sabbatical study, this interest was stirred in a specific direction by my reading of Habits of the Heart by Robert Bellah and his associates (1984). Based on their extensive, in-depth research of individualism and social commitment in American life, Bellah and his associates report evidence of a pervasive individualism that undermines social commitment in America. (For the purposes of our presentation today, we will be using psychotherapy and counseling interchangeably.)

Especially pertinent to our topic today is the research that Bellah's team did with regards to individualism in psychotherapy. As a result of this research, they describe a pervasive



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"therapeutic attitude" that reinforces an individualism contrary to social commitment. Bellah's position, based on extensive interviews with therapists and clients, is that therapy, or counseling, which is heavily oriented toward individual self-development according to internally validated values, generates a "language...[that] undermines larger commitments" (p. 106)....And "seems to undercut the possibility of other than self-interested relationships" (p. 139). The therapeutic perspective, pervasive especially among the middle class, reinforces this individualism. Says Bellah: "The therapeutic attitude reinforces the traditional individualism of American culture, including the concept of utilitarian individuals maximizing their own interests" (p. 104), "...and has thus incorporated much...of utilitarian individualism" (p.138). He also writes that "therapy has developed an acute concern for the monitoring and managing of inner feeling and emphasizes their expression in open communication....[and] thus continues the tradition of expressive individualism" (p.138). According to Bellah: "the therapeutic attitude liberates individuals by helping them get in touch with their own wants and interests, freed from the artificial constraints of social roles....For such expressive selves, love means the full exchange of feelings between authentic selves, not enduring commitment resting on binding obligation" (pp.101-102). "For the utilitarian individualist, the only valid contract is one based on negotiation between individuals acting in their own self-interest. For the expressive individualist, a relationship is created by full sharing of authentic feelings....No binding obligations and no wider social understanding justify a relationship. It exists only as the expression of the choices of the free selves who make it up. And should it no longer meet their needs, it must end" (p. 107).

This is strong stuff. Counselors generally regard themselves as socially concerned persons, and the counseling profession as a whole considers itself as oriented toward the resolution of social problems. To be told that we are engaged in a professional activity that undermines social commitment is jarring and does not fit our image of ourselves. Therefore, with this in mind, I asked myself: Is Bellah and his associates right about pervasiveness of individualism in counseling? And is professional counseling reinforcing individualism and undermining social commitment?

## First Line of Research

To begin answering these questions, I (Kelly) undertook a study of counseling (or therapy) from three perspectives as these are represented in major and current writings about counseling. These three perspectives are the philosophical foundations of counseling, the ethical orientation of counseling, and the goals

of counseling. Before briefly describing this study, I will set forth a couple of working definitions of individualism and social commitment and briefly indicate the broad conclusions and implications of the study.

For purposes of describing this first study, the following definitions will be used. Social commitment is a value orientation in which an individual holds to a socially grounded sense of obligation and responsibility to the welfare of others in relationship and community. Individualism is a value orientation in which the ultimate criterion for all valuing, including social commitments, is the individual's self-defined self-fulfillment. In using these working definitions it is important to keep in mind that there is rapidly accumulating body of research regarding individualism and social commitment. The nature and effects of individualism continue to be much studied and debated. Some researchers write of beneficial effects of American individualism. Others point to its negative effects; for example, Bellah and his associates (1984) and Sampson (1988), among others, maintain that individualism tends to undermine social commitment. Segilman (1988) maintains that it is related to depression. Conversely, these authors argue for the beneficial psychological and social effects of a communitarian, common good, or social commitment perspective.

A summary preview of the overall conclusions of my first study may be given in two brief statements: (1) social commitment is, in many ways, important in counseling; (2) nevertheless, in a certain important respect and to certain important degree (a) there is a prominent strain of individualism in counseling, and (b) the practice of counseling tends to reinforce an individualism that may undermine social commitment.

## Practical and Philosophical Implications

These conclusions are related to important practical (i.e. therapeutic) and philosophical issues. Practical implications occur, for example, when counselors are working with clients who experience a tension between their desire for individual, personal growth and problem-solving on the one hand, and, on other hand, their sense of responsibility to others, for example in a troubled marriage relationship.

At the philosophical level, the resolution of this practical conflict points to a deeper, philosophical question. That is to say, the counselor and client, at least implicitly, must decide on what conceptual or philosophical basis the practical conflict between the individual's welfare and the welfare of others is to be solved. This point is especially important for understanding how individualism might adversely affect social commitment in

counseling, because it is precisely at this point of the philosophical construing of "the welfare of the individual" that counselors may fall into a kind of excessive individualism that is fundamentally antithetical to social commitment. In line with Bellah's terminology, I term this excessive individualism in counseling as "therapeutic individualism".

Philosophically, this therapeutic individualism means that social commitments are ultimately rooted in individual subjectivity. Or put another way, therapeutic individualism precludes any grounding for social action external to the individual. In effect, with therapeutic individualism, counselors are left with supporting social commitments on the basis of how such commitments will benefit the individual.

And what does this therapeutic individualism mean practically? It means that the counselor may, in practice, tilt clients toward decisions that satisfy individual self-interests, especially in the short term, but slight or neglect social obligations rooted in such social realities as friendship, kinship, and civic and community life.

Now, let us go back and take a brief look at how my first line of research led to these conclusions and implications. As stated above, I examined the question of individualism and social commitment in counseling from three perspectives: the philosophical foundations of counseling, the ethical orientation of counseling, and the goals of counseling. Today we have time for only a brief presentation of my conclusions in these three areas. You can find a fuller discussion of these three areas in my article on individualism and social commitment in the February 1989 issue of the Journal of Counseling and Development. So, here is a brief summary of my conclusions in each area.

## Philosophical Foundations

It is not possible to talk of the philosophical foundations of counseling in a singular or pure sense. There is considerable diversity among major counseling theorists and counseling practitioners regarding the philosophical undergirdings of counseling.

However, it is possible to identify dominant modes of thinking that influence the counseling enterprise. It is not unreasonable to consider these major streams of thinking as substantively representative, at least implicitly, of the philosophical undergirdings of counseling. An example of this dominant mode of thinking is found in a Baruth and Robinson's (1987) recent discussion of the philosophical foundations of counseling. Their discussion, which is an update of

philosophical propositions offered by Beck in 1963, illustrates a prominent philosophical orientation in counseling. Relevant to our topic of individualism and social commitment in counseling, their presentation shows, on the one hand, a substantial concern for social responsibility in counseling. On the other hand, their list of key philosophical propositions also strongly suggests that this social responsibility is ultimately rooted in individually self-determined values guiding an individual acting on behalf of self. The upshot is that, philosophically, social commitments are always threatened by an individualism that appears, in every case, to be the last court of appeal.

Ethical Orientation of Counseling.

An examination of the ethical orientation of counseling shows that, first, counseling clearly and legitimately gives ethical primacy to the welfare of individual client (Biggs & Blocher, 1987). I believe this is absolutely right and have no argument with it. However, a potential problem occurs when this legitimate ethical primacy of the individual subtly reinforces excessive (therapeutic) individualism. An example of how this happens may be illustrated from Sorenson and Kassoy's discussion of ethics, also found in Biggs & Blocher's book (1987). They write that the attitude of many counselors is to avoid a value stance that would challenge client value preferences. That is to say, counselors prefer to maintaim a value-neutral stance. Such a stance is certainly important in terms of therapeutic process. They also assert that "although mutually dependent, people are still motivated by self-interest" (p. 23). Such motivation is certainly understandable and often beneficial. However, it is the combination of counselors' value-neutral, non-challenging stance and clients' self-interested motivation that threatens to undermine any ethical point of reference external to the individual.

Once more, social responsibility is seen to be rooted in individual self-interest that is ultimately unchallenged by external point of reference. It is difficult to see how this kind of individualism can support sustained social commitments. Sustained commitments usually involve, at some time or other, unpleasurable obligations, a foregoing of self-interest, even self-sacrifice. Unchallenged individualism is an unreliable foundation for these expressions of social commitment.

Goals of Counseling

Goals of counseling are here understood in a broad sense as how major theories (approaches) of counseling and therapy conceive of ideal outcomes for clients. Again, I can only briefly summarized conclusions in this very extensive area.

First, an examination of the goals of counseling as presented in major counseling (psychotherapy) theories shows that all counseling theories hold that social responsibility is, in some respect, a desirable client trait and outcome. On the other hand, many major counseling theories (approaches) seem most basically rooted in individualism. That is to say, all choices, even those of social responsibility, reside ultimately in self-determined choices in line with self-determined self-fulfillment. This line of thinking is illustrated in the following few examples.

Freud held that the focus of the psychoanalytical approach is the resolution of inner conflict so that the client will be free to "find his own solutions for himself" (Freud, 1943, p. 376) and be capable of implementing these decisions to her or his own benefit.

Existential-humanist approaches are aimed at helping individuals free themselves from internal rigidities and distortions, and helping individuals move toward personal self-actualization and self-fulfillment. The importance of responsibility toward others in existential thought is subtly compromised by nesting it in the individual's impetus toward self-creation. Even the self-transcendent dimension of existential counseling is sometimes compromised by locating the fundamental value reference ultimately in the individual, and not in relationship or community obligations.

The goal of cognitive therapies is rational thinking for self-fulfilling rather than self-defeating behavior. And behavioral counseling, even while shaping individuals from the outside in, stresses the importance of goal setting according to the self-determined preferences of the individual.

I realized that this is very quick, simplified, and necessarily unsatisfactory look at the goal orientation of major counseling theories. Nevertheless, I posit that the above descriptions fairly represent how the goal orientation of clients in many major counseling approaches is ultimately and decisively governed by individualism.

## Conclusions and Recommendations of First Line of Research

The conclusions of the first line of research may be summarized as follows:

1. The self-determined self-fulfillment of the individual, based on the individual's self-clarified interests and needs, is a (perhaps the) prominent value in counseling. This foundational value is either explicit or implicit in most approaches to

counseling.

2. On the other hand, interpersonal and social responsibility are also clearly and strongly affirmed in counseling. A concern for human rights, a commitment to honest and caring relationships, and a concern for humanly facilitating environments are values important in all counseling approaches and the counseling profession generally. In many cases, however, these social values tend to be weakened philosophically by situating the ultimate value criterion in the individual's own self-determined self-fulfillment.

My recommendations may be summarized as follows:

First, while continuing to affirm the ethical primacy of individual client welfare in counseling, it is also important to explicitly incorporate a larger ethic of social obligations which are rooted in value criteria external to individual self-interest. This larger ethic may be said to be oriented toward the "common good."

Second, we need to view decision-making regarding values as embracing a complementary set of value criteria rooted both in individual self-interest and common good interests external to, but never detrimental to, the good of the individual.

Third, common good values must be understood not in an absolute or legal sense (as "givens", for example, in laws, customs, traditions, etc,) but as based on an ongoing dialogue and an ever-evolving consensus in society and smaller communities.

It is useful and encouraging to note that this social commitment perspective is already prominent in certain major approaches to counseling; for example, in the Adler's stress on social interest (Adler, 1963), in Sullivan's psychiatry of the people (Sullivan, 1953), and in Peterson's assertion that individuals must choose not only for themselves, but for all humankind (1963). Existentialism emphasis on "being-in-the-world" also points to the inherent social dimension of reality.

One example of a practical application of these recommendations may be found in how a counselor works with a troubled married couple with children. In such a case, a social commitment sensitivity would incorporate valuing based not only on the self-interests of each of the troubled spouses, but also on the common good of the family as it is important to the nurture of the children. That is to say, each of the spouses will consider not only their self-contained self-interests, but also obligations that may arise from what is good for the family

as a family or what is good for the children. This is not to say that such social responsibilities would determine the spouses' decisions. Rather, a social commitment sensitivity would lead the counselor and the spouse-clients to consider the good of the family and children as legitimate and important considerations, even if these result in inconvenient or painful decisions for individual spouses.

Second Line of Research

At this point in my study of individualism and social commitment in counseling, Amy Shilo became involved in the research effort. At this stage we asked ourselves how, in actuality, will clients react to a social commitment orientation in counseling in comparison to an individualistic emphasis. Our rationale for this question is that if clients' perceptions of counselors using a social commitment approach is no different than perceptions of counselors using an individualistic approach, then the social commitment approach may be considered as not contrary to clients' perceptions of their self-welfare, as this is represented in their reactions to counselors' treatment of their problem. Our hypothesis was there is no significant differences between individualistic and social commitment counseling approaches in terms of the way clients perceive counselor characteristics and behaviors.

Our first step in the second line of research was to greatly expand our review of the literature on individualism vis-a-vis social commitment in order to locate our research clearly in burgeoning body of research in this area. A bibliography of this literature is available with this paper. We then designed an empirical study to test our hypothesis. I will briefly outline the design of the study. Then Amy will describe more concretely how the study was conducted.

In preparing the research, we first created a scenario of a marriage problem with children. We then trained actor-clients to roleplay the marriage problem as either the wife or husband. We constructed separate outlines for individualistic and social commitment counseling approaches to this marital problem with children. We then trained student counselors (3 doctoral and 1 master's) in using these two approaches. With a counterbalanced design, we offered both approaches to 26 actor-clients for a total of 52 sessions. Following their counseling sessions, we asked them to evaluate counselors' behaviors and characteristics on two instruments: the Counselor Rating Form, Short Form (CRF-S) and the Barrett-Lennard Relationship Inventory, Short Form (BLRI-S). Two raters were trained to rate counselors' adherence to two treatment conditions.

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Conducting the Second Study

(Shilo presenting) The study was carried out in the counseling lab. The lab is a training facility for M.A. and Doctoral counseling students at George Washington University. The lab consists of three rooms, each equipped with video camera, play-back machines and audio-tape recorders.

The participants (actor-clients) were told of their part in the role-play and they had the opportunity to practice with each other during scheduled class meetings. The counselors (actor-counselors) were trained in the two different treatments, individual and social commitment, and practiced offering the differential treatments, as well. Both participants and counselors were trained independently of each other. The counselors knew the nature of the presenting problem but the participants did not know that the counselors were aware of the presenting issue.

Each participant was scheduled for about an hour. Each participant was pre-assisgned to receive either the individual or social commitment treatment first. The counselors had schedules so they knew which treatment to offer to which participant and at what time. Naturally, the participants were unaware of the different treatments. The sessions began as if they were actual counseling sessions. The participant was invited to begin the session and were told that the sessions would be audio-taped. The initial problem exploration lasted for about 10 minutes. The treatment phase lasted about 15 minutes.

When the first session was completed, the participant left the counseling room and was asked to complete three forms. The first was a simple demographic data sheet. The participant then completed two measures of counselor effectiveness 1) the Counselor Rating Form-Short (CRF-S) and 2) the Barret-Lennard Relationship Inventory-Short (BLRI-S).

Immediately after, the participant went into the second session and received the alternate treatment from a second counselor. If the participant received the "individual" treatment first, then in the second session, he/she received the "social commitment" treatment and vice versa. Essentially, half of the participants received the individual treatment first and the social commitment treatment second while the other half of the participants received the "social commitment" treatment first and the individual treatment second. This was accomplished by following an alternating sequence.

I'd like to share a couple of impressions about the study. Although this was a role-play, a counseling simulation, most

participants seemed genuinely involved with the activity. The counselors reported that they also easily got caught up in the spirit of the role-play.

The counselors also reported how easily it was to actively direct the participants in "accepting" either treatment. In terms of counseling, the implications of this may need further consideration.

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Results of Second Study

(Kelly presenting) The second research project yielded the following results. First, treatment conditions were maintained as shown by data indicating that both raters agreed in correctly identifying the experimental treatments and rating the treatments as closely adhering to treatment protocols.

The key finding was that on both the CRF-S and the BLRI-S subject-clients' perceptions of counselors' characteristics and behaviors were not significantly different between the social commitment treatment and the individualistic treatment (full results are reported in Kelly and Shilo, 1989). These results support the hypothesis that clients' perceptions of counselors' using a social commitment emphasis are not significantly different than clients' perceptions of counselors' using an individualistic emphasis.

A reasonable inference from these empirical findings is that clients do not perceive counselors using a social commitment emphasis as having behaviors and characteristics contrary to their (i. e. clients') individual welfare. Thus counselors' concern for the welfare of the individual client (i. e. the priority ethic in counseling) is not violated by a social commitment emphasis. Of course, caution is appropriate with this conclusion and inference because of the convenience nature of the sample and its predominantly female makeup. Also, the inference, while congruent with the data, is a step removed from actual data.

A complete description of this second research project can be found in a research report by Kelly and Shilo (1989).

Further Research Questions

Future research is needed to address many still unanswered questions. These questions include the following. Since situational social commitment (or communalism or collectivism) is typically understood to exist on a continuum from small, close relationships to relationships with large groups (Hui & Triandis, 1986), how will a social commitment emphasis reflecting different

points on this continuum affect counseling? What, if any, will be the differential effects of a social commitment orientation on clients who are themselves dispositionally and differentially inclined toward individualism or communalism (Clark, Mills, & Powell, 1986). Are there any gender and ethnic differences related to an individualistic and social commitment emphasis in counseling? What, if any, will be the differential effects of a social commitment emphasis on different client problems and issues? Also, future research needs to be carried out with experienced counselors and actual clients. Amy Shilo will now describe in some more detail our next research step.

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## Future Research

(Shilo presenting) My research will investigate selected variables and their relationship to client's perception of counselor effectiveness and client preference for an individual and social commitment emphasis in counseling. The major variables are gender and what I have termed an individual's "personal orientation to individualism-collectivism".

## Individualism-Collectivism

The starting point for this particilar research is the literature in social psychology, cross-cultural psychology and anthropology. I found that what Bellah, Dr. Kelly, and others refer to as individualism and social commitment on the personal level, largely conforms to the meanings of idiocentrism-allocentrism on the psychological level and individualism-collectivism on the cultural level.

It may come as no surprise that American culture is characterized as "highly" individualistic. But this generalization may be misleading. American society shows tremendous cultural variability on many levels; familial, community and regional. Therefore, it may be more useful to conceptualize Americans on a continuum of individualism-collectivism, rather than labeling all Americans as individualistic. In terms of counseling, I think it important to ascertain where a person falls on this continuum and determine the relationship between this variable and client's perception of counselor effectiveness and client preference for an individual or social commitment emphasis in counseling.

## Gender

There is much recent research to indicate that women's development, primarily psychological, may be different than men's. One continual thread or commonality in these alternative conceptualizations is a sense of a woman's "connectedness" ,

"interdependence " or as I heard in a wonderful presentation yesterday, a woman's "self-in-relation". It seems that a woman's psychological development parallels what has been described as allocentric or collective. Therefore, there may be gender differences in perception of counselor effectiveness and client preference for an individual or social commitment approach in counseling.

## Relationship to Counseling

In an extensive review of the literature, Triandis (1988) found evidence that extreme individualism may be associated with some forms of social pathology: a) high crime; b) suicide; c) divorce; d) child abuse; 5) emotional stress; and 6) physical and mnetal illness rates. Allocentric individuals tend to have happy marriages and to receive more soical support against stresses of life. High levels of social support are related to general well-being. Specifically, high social support is correlated with generally protecting a person' health (reduce smoking, overeating) and to perservere in tasks under unfavorable conditions. Low levels of social support have been found to correlate with increases in mental illness.

Collectivism has a "down-side" as well. Excessive collectivism may foster an over-emphasis on one's particular in-group to the exclusion of the broader common good.

## Questions Guiding Future Research

There are two basic assumptions underlying this research: 1) Can the therapeutic emphasis be shifted from the predominant individualistic approach to include exlicit exploration and consideration of social responsibilities and relational obligations without jeporadizing the integrity of the counseling enterprise and 2) should the therapeutic emphasis be shifted?

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## Conclusions

(Kelly presenting) An individualistic orientation in general and in counseling specifically has potentially serious implications for persons' social commitments, both in close relationships and in larger community. Counseling is practiced for the personal development and welfare of individual clients. At the same time, the counseling profession is deeply concerned about social issues and problems. A challenging question is how can we ethically and effectively combine both in practice of counseling. How can we promote individual welfare without falling into the philosophical and practical traps of either (a) ultimately situating all of social valuing in individual preference or (b) subordinating individuals to collectivities of

any kind.

Fortunately, counseling theory and practice, both historically and currently, contains much that can help with the effective integration of the individualistic and social commitment orientations. Our task is to keep exploring these orientations and their interface in research, theory, and practice, and finding ways to effectively implement our findings in counseling practice.

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